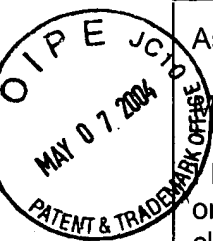


COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-238



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETECTING HORMONALLY ACTIVE COMPOUNDS

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial Number 10/663,561 on September 15, 2003, as amended on _ (if applicable).

☐ was filed as a PCT international application number _____ on _____, as amended under PCT Article 19 on __ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

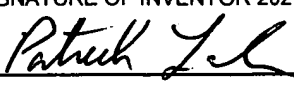
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

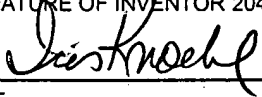
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER 5853-238	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/410,414	September 13, 2002		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: Akerman Senterfitt 222 Lakeview Avenue, Suite 400 West Palm Beach, FL 33401-6183			Direct Telephone Calls to: Stanley A. Kim (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME DENSLOW	FIRST GIVEN NAME NANCY	SECOND GIVEN NAME D.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5622 NW 48 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
202	FULL NAME OF INVENTOR	FAMILY NAME LARKIN	FIRST GIVEN NAME PATRICK	SECOND GIVEN NAME M.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5228 NW 25 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
203	FULL NAME OF INVENTOR	FAMILY NAME FOLMAR	FIRST GIVEN NAME LEROY	SECOND GIVEN NAME C.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2754 NW 105 th DRIVE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
SIGNATURE OF INVENTOR 201 <i>Nancy Denslow</i>		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE <i>April 06, 2004</i>		DATE		DATE	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER 5853-238	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/410,414	September 13, 2002		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: Akerman Senterfitt 222 Lakeview Avenue, Suite 400 West Palm Beach, FL 33401-6183			Direct Telephone Calls to: Stanley A. Kim (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME DENSLOW	FIRST GIVEN NAME NANCY	SECOND GIVEN NAME D.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5622 NW 48 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
202	FULL NAME OF INVENTOR	FAMILY NAME LARKIN	FIRST GIVEN NAME PATRICK	SECOND GIVEN NAME M.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5228 NW 25 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
203	FULL NAME OF INVENTOR	FAMILY NAME FOLMAR	FIRST GIVEN NAME LEROY	SECOND GIVEN NAME C.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2754 NW 105 th DRIVE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202 		SIGNATURE OF INVENTOR 203	
DATE		DATE 4/14/4		DATE	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER 5853-238	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/410,414	September 13, 2002		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
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201	FULL NAME OF INVENTOR	FAMILY NAME DENSLOW	FIRST GIVEN NAME NANCY	SECOND GIVEN NAME D.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5622 NW 48 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
202	FULL NAME OF INVENTOR	FAMILY NAME LARKIN	FIRST GIVEN NAME PATRICK	SECOND GIVEN NAME M.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5228 NW 25 th PLACE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
203	FULL NAME OF INVENTOR	FAMILY NAME FOLMAR	FIRST GIVEN NAME LEROY	SECOND GIVEN NAME C.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2754 NW 105 th DRIVE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA	
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	

204	FULL NAME OF INVENTOR	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
205	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
206	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 nd AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
207	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 3/30/04	DATE	DATE
SIGNATURE OF INVENTOR 207		
DATE		

204	FULL NAME OF INVENTOR	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
205	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
206	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 nd AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
207	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>Tara Sabo-Attwood</i>	SIGNATURE OF INVENTOR 206
DATE	DATE <i>4-10-04</i>	DATE
SIGNATURE OF INVENTOR 207		
DATE		

US

204	FULL NAME OF INVENTOR	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45227 / USA
205	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
206	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 nd AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
207	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206 <i>Jannet Kocerha</i>
DATE	DATE	DATE 4/28/04
SIGNATURE OF INVENTOR 207		
DATE		

204	FULL NAME OF INVENTOR	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
205	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
206	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 nd AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
207	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 <i>Jason Blum</i>		
DATE <i>3/29/2004</i>		